

# Quarterly Progress Report

Department of Criminal Justice Services  
805 East Broad Street Richmond, Virginia 23219  
(804) 786-4000

Subgrantee:		Grant Number:	
Project Title:		Date of Report:	
Grant Period:	To:	Final Report? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Project Completed:		Report Period Ending: 9/30 <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input type="checkbox"/>	
Program Administrator:		Project Director:	

This progress report is required as part of the program reporting requirements of the Department of Criminal Justice Services. The report should include:

## I. Program Activities and Issues

Describe in narrative form the program of your project during this reporting period. If this is a final report, the report should be cumulative as well.

- A. Make reference to the project workplan describing any activities relative to the achievement of objectives. Explain any changes in projected activities and workplan time frames.
- B. Integrate within the narrative an analysis of the data presented on the Evaluation Report Form as it supports the achievement of objectives.

## II. Workplan Status Report

Enclosed is a blank workplan with an additional column titled "Status of Activities." As part of this report, you should: (1) Transfer your completed workplan to the blank workplan form; (2) Fill in the column titled "Actual" with the "Begin-End" dates for those activities which have begun and/or have been completed, or objectives which have been met; and (3) Complete the additional column titled "Status of Activities" by briefly describing the progress made toward implementing each of the various objectives/activities during this reporting period. Whenever possible, progress made on project activities should be supported by any relevant documentation and/or data.

## III. Evaluation Plan Report

Enclosed is a blank form for reporting data you have collected as part of the evaluation process.

Mail an original and one copy of this report, including this Face Sheet, the Workplan Status Report, and the Evaluation Plan Report to the Department of Criminal Justice Services, 805 East Broad Street, 10<sup>th</sup> Floor, Richmond, Virginia 23219.

<b>DCJS Use Only</b>	
TA Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Recommendation:	
Action Taken:	
Signature – Program Specialist	Signature – Evaluation Specialist